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USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (571) 273-8300
Date: August 21, 2006
Pages: 17 pages (including this cover sheet)

MESSAGE:

RESPONSE UNDER 37 CFR 1.116
-- EXPEDITED PROCEDURE --
EXAMINING GROUP 2891

MAGNETICALLY LINED CONDUCTORS

Application No. 10/632,365

Examiner D. Menz

Art Unit 2891

Amendment Transmittal

Petition and Fee for Extension of Time

Amendment After Final

YOR920030045US1

(590.104)

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Amendment TransmittalAtty. Docket No. YOR920030045US1
(590.104)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Ingvarsson et al.
Serial No. : 10/632,365 Examiner : D. Menz
Filed : July 31, 2003 Art Unit : 2891
For : MAGNETICALLY LINED CONDUCTORS

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

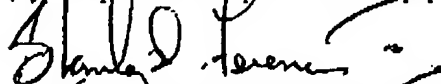
2. ☐ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on August 21, 2006 to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)



(Signature of person mailing paper or fee)

Page 1 of 2

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Amendment Transmittal

Atty. Docket No. YOR920030045US1
(590.104)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)		<u>SMALL ENTITY</u>				<u>OTHER THAN A SMALL ENTITY</u>		
	<u>18</u>	- ** <u>20</u>	= * <u>0</u>	x	<u>RATE</u>	=	<u>FEE</u>		<u>RATE</u>	=	<u>FEE</u>
Total Claims					\$25	=		O	x	\$50	= 0
Ind. Claims	3	- *** 3	= * 0	x	\$100	=		R	x	\$200	= 0
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$180	=		O	+	\$360	=
					<u>TOTAL</u>	=	\$ _____	O	<u>TOTAL</u>	=	\$0 _____
								R			

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.

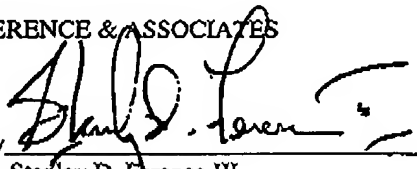
*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By


Stanley D. Ference III
Reg. No. 33/879

Dated: August 21, 2006

Mailing Address:

Customer No. 35195
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